

Wisconsin Department of Regulation & Licensing

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EXAMINING BOARD OF SOCIAL WORKERS, MARRIAGE AND FAMILY THERAPISTS AND PROFESSIONAL COUNSELORS

APPLICATION FOR SOCIAL WORKER TRAINING CERTIFICATE

If you wish to use the title of "social worker" and are not eligible for the Social Worker Certificate because you do not have a degree in social work from a program accredited by, or a preaccreditation program of the council on social work education, you may complete this application for a Social Worker Training Certificate.

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

PLEASE TYPE OR PRINT IN INK

☐ Your name and address are available to the public.
☐ Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.).

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth ____ month ____ day ____ year	Daytime Telephone Number (____) ____ - ____
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Ethnic/gender status information is optional. **Sex:** ☐ M ☐ F **Ethnic:** ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

Have you ever held a license/credential in the state of Wisconsin? ____ Yes ____ No (please indicate)
If yes, provide your Wisconsin license/credential number. _____

Post Secondary Education (schools, locations, degrees and dates of graduation)

You must have at least a bachelor's degree from an accredited college or university in psychology, sociology, criminal justice or another human service program approved by the Section.

SCHOOL	LOCATION	DEGREE and MAJOR	DATE OF GRADUATION

APPLICATION FEES: Make check payable to Department of Regulation and Licensing.

_____ \$ 10.00 Fee

For Receipting Use Only

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Social Work Degree Equivalency Course Work See the Self-Help Guide attached to the application and the list of approved courses. If you have already completed courses that may satisfy the requirements, list them below.

If the course does not appear on the approved list, please attach college catalog course descriptions and instructor's course syllabus or outlines for courses listed. Request your college or university to submit an official transcript of all courses directly to the Social Worker Section.

Content Area	Date	Course Code	Course Title	Credit Hrs.
Social Welfare Policy/Services (1 course 3 sem cr; 4 qtr cr)				
Social Work Practice Methods (2 courses 3 sem cr; 4 qtr cr)				
Human Behavior in Social Environment (1 course 3 sem cr; 4 qtr cr)				

The Section will review your transcript and course descriptions and you will be notified of what further coursework, if any, you must complete.

Human Services Internship or Social Work Employment A supervised human services internship **or** one year of supervised social work employment is required. Internships or employment already completed may be applied toward completion of the social work practice requirements. The internship/employment must have resulted in certain competencies, and must have been supervised by a social worker with a bachelor's or master's degree in social work and state certification, if after August 1, 1995. See the Supervisor's Affidavit, attached to this application, for further details.

If you have completed an internship or employment experience that may be applicable, please list below and request the supervising social worker to submit the Supervisor's Affidavit and a job description, including duties, directly to the Social Worker Section.

Place of Employment/Internship	Location	Dates (from-to)	Hrs./Wk.	Position Title	Supervisor
Employment ____ Internship ____					Name: Certificate # ____ Type ____ Degree: ____ BSW or ____ MSW
Employment ____ Internship ____					Name: Certificate # ____ Type ____ Degree: ____ BSW or ____ MSW

-OR-

☐ I have not yet had supervised social work experience that would satisfy training certificate requirements.

The Section will review your experience and you will be notified of what further supervised practice you must complete, if any.

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10. Mark an X in the appropriate box. If you answer YES to any question, give an explanation of all details on an attached sheet. A “YES” answer does not preclude certification. *Please print your name and birth date at the top of each attached sheet.*

	YES	NO
1. Have you ever surrendered, resigned, cancelled or been denied a professional license or other credential in Wisconsin or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you ever failed to pass any state board examination or national board examination? If yes, give details on an attached sheet.	<input type="checkbox"/>	<input type="checkbox"/>
3. Has any licensing or other credentialing agency ever taken any disciplinary action against you, including but not limited to, any warning, reprimand, suspension, probation, limitation, revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/>	<input type="checkbox"/>
4. Is disciplinary action pending against you in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you have any felony or misdemeanor charges pending against you? If yes, attach a sheet providing details about the pending charge, copy of the court documents and status of the charge. (Please do not give details on minor traffic charges, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.)	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever been convicted of a misdemeanor or a felony? If yes, attach a sheet providing details about the crime, including date of conviction, penalty and a copy of the court documents. (Please do not give details on minor traffic convictions, but do include information relating to <u>Driving While Intoxicated</u> (DWI) charges.)	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you incarcerated, on probation or on parole for any conviction? If applicable, attach a sheet providing details including the terms of incarceration and a copy of a report from your probation or parole officer.	<input type="checkbox"/>	<input type="checkbox"/>
8. Have any suits or claims ever been filed against you as a result of professional services? If yes, submit a copy of the claim or suit and a copy of the final settlement or disposition.	<input type="checkbox"/>	<input type="checkbox"/>
9. Have your staff privileges ever been limited or removed? If yes, give details on an attached sheet.	<input type="checkbox"/>	<input type="checkbox"/>
10. Are you registered or licensed in any other profession(s)? If yes, state what profession(s) and in what states(s).	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you ever been credentialed under any other name(s)? If yes, state name(s) credentialed under.	<input type="checkbox"/>	<input type="checkbox"/>

For the purposes of these questions, the following phrases or words have the following meanings:

"Ability to practice social work" is to be construed to include all of the following:

1. The cognitive capacity to make appropriate social worker judgments and to learn and keep abreast of developments in the field of social work; and
2. The ability to communicate those judgments and social worker information to clients and other health care providers, with or without the use of aids or devices, such as voice amplifiers; and
3. The physical capability to perform social worker tasks, with or without the use of aids or devices, such as corrective lenses or hearing aids.

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"Medical condition" includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech, and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction and alcoholism.

"Chemical substances" is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber's direction, as well as those used illegally.

"Currently" does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one's functioning as a licensee, or **within the past two years**.

"Illegal use of controlled dangerous substances" means the use of controlled dangerous substances obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

- | | <u>YES</u> | <u>NO</u> |
|---|--------------------------|--------------------------|
| 12. Do you have a medical condition which in any way impairs or limits your ability to practice social work with reasonable skill and safety? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Does your use of chemical substance(s) in any way impair or limit your ability to practice social work with reasonable skill and safety? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or the manner in which you have chosen to practice? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Are you currently engaged in the illegal use of controlled dangerous substances? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. If yes, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? If yes, please explain. | <input type="checkbox"/> | <input type="checkbox"/> |

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AFFIDAVIT OF APPLICANT

(Sign and date in the presence of a notary)

I state that I am the person referred to on this application and that all the answers set forth are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for denial of this application or revocation of my credential. I also understand that if I am issued a credential, failure to comply with the laws or rules of either the Examining Board of Social Workers, Marriage and Family Therapists, and Professional Counselors or the Wisconsin Department of Regulation and Licensing will be cause for disciplinary action.

Further, as an applicant for a social worker training certificate, I hereby declare and agree that, if a social worker training certificate is issued to me by the Social Worker Section, I shall seek to attain social work degree equivalency pursuant to the terms and requirements of sec. 457.09, Stats., and sec. MPSW 3.13, Wis. Adm. Code, by completing all coursework, supervised human services internship or supervised social work employment as directed by the Social Worker Section under the terms of sec. 457.09, Stats., and sec. MPSW 3.13, Wis. Adm. Code.

Signature of Applicant

Date

Subscribed and sworn to before me this _____ day of _____, 20 _____

Signature of Notary Public

SEAL

Date Commission Expires

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SOCIAL SECURITY NUMBER. Your social security number (or employer identification number if you are applying as a business entity) must be submitted with your application on this form. If you do not have a social security number you must submit a statement under oath or affirmation. If your social security number or a statement is not provided, your application will be denied.¹ A form for submitting a statement that you do not have a social security number is available from the department.

(Please Print)

First Name

Middle Initial

Last Name

Profession

Date of Birth

month

day

year

- -

Social Security Number or FEIN

The Department may not disclose the social security number collected above except to the Department of Workforce Development for purposes of administering the child and spousal support program,² to the Department of Revenue for the purpose of determining whether you are liable for delinquent taxes,³ and to the federal Healthcare Integrity and Protection Data Bank for the purpose of reporting adverse actions against health care practitioners.⁴

¹ Section 440.03 (11m), Wis. Stats.

² Sections 49.22, and 440.13, Wis. Stats.

³ Section 440.12, Wis. Stats.

⁴ Health Insurance Portability and Accountability Act (HIPAA) of 1996